# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Wail Processing Renting

OMB APPROVAL OMB Number: 3235-0076 Expires: March 31, 2009 Estimated average burden hours per response.....16.00

SEC USE ONLY Serial DATE RECEIVED

Name of Offering ( che	ck if this is an amendment and name has changed, and indica	te change.)				
nterests in Western Asset Opportunistic Developing Markets Corporate Credit Securities Portfolio, L.L.C.						
iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE						
Type of Filing: New F		·				
	A. BASIC IDENTIFI	CATION DATA				
L. Enter the information re	equested about the issuer					
Name of Issuer ( check	if this is an amendment and name has changed, and indicate	change.)				
Western Asset Opportun	istic Developing Markets Corporate Credit Securities Po-	rtfolio, L.L.C.				
Address of Executive Offi	ces (Number and Street, City, State, Zip Code)	Telephone Number (inclu				
c/o Western Asset Manag	gement Company	(626) 844-9400	1 / P.C. (( 10     0 / P./)			
385 E. Colorado Bouleva			T 140 (U. 27)/4 (A)() 07/12/11/61 01/17 (A)(00 1/44/14/14/14/1			
Address of Principal Busin	ness Operations (Number and Street, City, State, Zip Code)	Telephone Number (inclu				
(if different from Executiv	e Offices)		09035938			
Brief Description of Busin	ess	l	09033936			
Private Investment Fund			<u> </u>			
Type of Business Organiza	ation					
corporation	☐limited partnership, already formed					
_	_	(please specify): limited liability company				
business trust	☐limited partnership, to be formed		I I COPPED			
	Month Year		~10 0.0.2000			
Actual or Estimated Date of	of Incorporation or Organization: 0 1 0 8		SPAMAR 30 2009			
Jurisdiction of Incorporation	on or Organization: (Enter two-letter U.S. Postal Service abb	reviation for State:				
•	CN for Canada; FN for other fo	oreign jurisdiction)	THOMSONREUTERS			

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

	A. BASIC II	DENTIFICATION DAT	`A				
<ol> <li>Enter the information requested for the following:         <ul> <li>X</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>X</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>X</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>X</li> <li>Each general and managing partner of partnership issuers.</li> </ul> </li> </ol>							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	Managing Member			
Full Name (Last name first, if individual)							
Western Asset Management Company Business or Residence Address (Number and	nd Street, City, State, Zir	Code)					
385 East Colorado Blvd., Pasadena, CA		· · · · · · · · · · · · · · · · · · ·					
Check Box(es) that Apply: ☐Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number an	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)	<del>-</del>			<del></del>			
Business or Residence Address (Number ar	nd Street City State Zir	Code)		-			
Busiless of Residence Address (Number at	ia Street, City, State, 24						
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number and	nd Street, City, State, Zip	Code)		- <del> </del>			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number an	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	Beneficial Owner		Director	General and of Managing Farmer			
•							
Business or Residence Address (Number an	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)		<u> </u>					
Business or Residence Address (Number and	nd Street, City, State, Zip	Code)	-				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)	<u> </u>	•					
Business or Residence Address (Number at	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number at	nd Street City State Zir	Code)					
Davings, or residence reasons (realities as	arresi, arry, amie, art	<del></del> ,					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		-			B. INFO	RMATIO	N ABOU	T OFFER	RING					
1. Has th	e issuer sol	ld, or does t	he issuer in	tend to sell.		•							Yes	No ⊠
				,	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2. What is t	he minimu	m investme	nt that will					_					S N/A	
													Yes	No
3. Does t	ne orienng	pennu jon	n ownersing	or a single	: umit:				*****************				⊠	Ö
remun person five (5 only.	eration for or agent o persons to	solicitation f a broker o o be listed a	of purchase r dealer reg are associate	ers in conne istered with	ection with : the SEC a	sales of sec nd/or with :	urities in th a state or st	e offering. ates, list the	If a person name of th	to be listed e broker or	nission or si lis an assoc dealer. If t broker or d	iated nore than		
Full Name (L N/A	ast name fi	rst, if indiv	idual)											
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Asse	ociated Bro	ker or Deal	er						· ·					
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers								
(Check	"All States	" or check i	ndiviđual S	tates)							All States			
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]		<u>-</u> -
Full Name (L	ast name fi	rst, if indiv	idual)											
Business or R	tesidence A	ddress (Nu	mber and S	trect, City,	State, Zip C	Code)								
Name of Asse	ociated Bro	ker or Deal	er					<del></del>	•					
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers							•	
(Check "Ali S	States" or cl	heck individ	dual States)		***************************************						All States			
[AL] [IL] [MT] [RI] Full Name (L	[AK] [IN] [NE] [SC] ast name fi	[AZ] [IA] [NV] [SD] rst. if indiv	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] {MI} [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) (MS) (OR) (WY)	[1D] [MO] [PA] [PR]		
Business or R				tmat City	State 7 in C	'ode)	<u>.</u>							
					State, Zip C	.000)								
Name of Asso	ociated Bro	ker or Deal	er											<u>.</u>
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers			_					
(Check "All S	States" or cl	heck individ	dual States)	•,,•					•••••	🗆	All States			
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	\$	S
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	l s
	Partnership Interests	s	s
	Other (Specify) Interests	\$ 131,489,325.32	\$ 131,489,325.32
	Total	<del></del>	\$ 131,489,325.32
	Answer also in Appendix, Column 3, if filing under ULOE.	3131,107,343.52	0 101,107,02000
2	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and		
۷.	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	11	\$ 131,489,325.32
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		-
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		s
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		S
	Legal Fees	Ճ	\$ 15,000
	Accounting Fees		S
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)		S
	Total	$\boxtimes$	\$ 15,000

	ICE, NUMBER OF INVESTORS, EXPENSES AND US					
<ol> <li>b. Enter the difference between the aggregate of expenses furnished in response to Part C - Questi issuer."</li> </ol>	fering price given in response to Part C - Question 1 and to ion 4.a. This difference is the "adjusted gross proceeds to the transfer of the t	tal he	\$ 131,474,325.32			
the purposes shown. If the amount for any purpo	proceeds to the issuer used or proposed to be used for each use is not known, furnish an estimate and check the box to ted must equal the adjusted gross proceeds to the issuer set	he				
		Payments to Officers, Directors, & Affiliates	Payments To Others			
Salaries and fees		<u>s</u>	□ \$			
Purchase of real estate		<u>s</u>	□ s			
Purchase, rental or leasing and installation of ma-	chinery and equipment	<u>s</u>	□ s □ s			
Construction or leasing of plant buildings and fac-	cilities	<u> </u>				
Acquisition of other businesses (including the va offering that may be used in exchange for the ass pursuant to a merger)	lue of securities involved in this ets or securities of another issuer	□ s	□s			
			□ s			
Working capital	s	□s				
Other (specify): Investments in securities and e	xpenses necessary, convenient, or incidental thereto.	□ \$	⊠ \$ 131,474,325.32			
Column Totals			⊠ \$ 131,474,325.32			
Total Payments Listed (column totals added)	Total Payments Listed (column totals added)					
	D. FEDERAL SIGNATURE		<u> </u>			
	he undersigned duly authorized person. If this notice is file rities and Exchange Commission, upon written request of i					
Issuer (Print or Type)	Issuer (Print or Type) Signature Date					
Western Asset Opportunistic Developing Markets Corporate Credit Securities Portfolio, L.L.C.	James S. Hyes	March 9, 2009				
Name of Signer (Print or Type)  James G. Hayes	Tite of Signer (Print or Type) Head of International Portfolio Operations, Western	Asset Management Com	pany			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

